



APPLICATION FOR A LICENSE TO CONDUCT A MATERNITY CENTER

Good Beginnings last a lifetime. The service you offer to families and children is important to the community and will have a lasting impact on the families and children you serve. Kansas laws and regulations governing maternity centers are designed to reduce the predictable risk of harm to women and their children. By completing and submitting this application you are: 1) requesting a license to operate a maternity center and 2) affirming that you have read and agree to comply with all laws and regulations for maternity centers operating in Kansas.

SECTION I. INTENT OF THE APPLICANT/OPERATOR.

_____ This application is for a new maternity center.
_____ This application is for a center that is currently licensed, but we are:
_____ moving to a new location _____ changing ownership

SECTION II. FACILITY INFORMATION. COMPLETE ALL INFORMATION REQUESTED. PLEASE PRINT.

Official name of the Facility to be stated [or as stated] on the license.		Contact Person for Licensing	Title
Physical Address of the Facility: Street Address		City	Zip Code + 4
County	Phone Number ()	Fax Number ()	Email Address
Mailing Address of the Facility: Street Address		City	Zip Code +4

SECTION III. LEGAL OWNER/OPERATOR INFORMATION. COMPLETE ALL INFORMATION REQUESTED. PLEASE PRINT.

Name of the Legal Owner/Operator		Contact Person for Licensing	Title
Physical Address of the Owner/Operator: Street Address		City	Zip Code + 4
County	Phone Number ()	Fax Number ()	Email Address
Mailing Address of the Owner/Operator: Street Address		City	Zip Code +4

The Legal Owner/Operator is a [check ONE of the following]:

- _____ individual, partnership or association of individuals that is [are] not incorporated.
_____ corporation.*
_____ governmental agency.
_____ other [please describe] _____

*Attach certified copy of Articles of Incorporation and bylaws which are filed with the Secretary of State's Office.

Provide tax identification number: _____. [For an individual operator, this is the social security number.]

SECTION IV. SERVICES PROVIDE A BRIEF SUMMARY OF THE SERVICES YOU PLAN TO PROVIDE. PLEASE TYPE OR PRINT.

SECTION V. PHYSICAL PLANT. COMPLETE ALL INFORMATION REQUESTED. PLEASE PRINT.

- A. This facility is: ☐ New Construction ☐ An Existing Building ☐ A Mobile Home
- B. This facility is connected to: ☐ Public Water ☐ Public Sewer ☐ Well Water* ☐ Septic Tank/Lagoon
- *If not on public water/sewer, annual approval of water supply and sewage disposal is required.

SECTION VI. ADDITIONAL INFORMATION. COMPLETE ALL INFORMATION REQUESTED. PLEASE PRINT.

☐ Yes ☐ No I/We have had a certificate or license for a child care facility or maternity center in the past and the facility is closed.

☐ Yes ☐ No I/We currently have a certificate or license for a child care facility or maternity center and I/we intend to keep that facility open.

If you answered Yes to either of the above questions, please complete the following information:

Name on the previous license or certificate: _____

License/Certificate Number: _____

Address on the previous license or certificate: _____

Calendar Year(s) of operation: _____

SECTION VII. AGREEMENTS AND AUTHORIZED SIGNATURE(S), READ EACH STATEMENT AND SIGN THE APPLICATION WHEN COMPLETED.

I/We, the undersigned am [are the person(s)] named as the Applicant or the authorized representative(s) of the owner listed above.

I/We have read the laws and regulations governing the operation of this center and it is the intention of this applicant to comply. I/We understand that I/we are responsible for meeting and maintaining compliance with all licensing laws and regulations governing maternity centers at all times.

I/We understand that a new application may take up to 90 days for processing by the Kansas Department of Health and Environment [KDHE] once KDHE receives a complete application. I/We understand that I/we are not authorized to provide maternity center services prior to receiving a Temporary Permit or License from KDHE.

In accordance with Kansas Statutes Annotated 44-1009, I/we shall not refuse service to any person for reason of race, religion, color, sex, physical handicap, national origin or ancestry.

I/We attest, under penalty of perjury, that to the best of my/our knowledge, that the information provided in this application is true and correct.

Authorized Signature:	Title:	Date (MM/DD/YYYY)
Authorized Signature, if more than one person:	Title:	Date (MM/DD/YYYY)

SECTION VIII. ALTERNATIVE PAYMENT OPTION.

IF PAYING THE STATE LICENSE FEE BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING INFORMATION:

Credit Card Information - *DISCOVER CARD ONLY* [Please print clearly]

Discover Card Account # _____ **Expiration Date** _____

Amount of the state license or registration fee \$ _____

Signature as it is written on the card _____

By my signature, I acknowledge my understanding that a 2.5% convenience fee will be included in the final total of this transaction.

SECTION IX. MAILING INSTRUCTIONS. Submit the documents listed below:

1. Completed and signed application
2. Fire safety approval by State Fire Marshal.
3. Licensing fee: Attach check or money order for license fee - \$75.00 initial fee,
4. Articles of Incorporation and Bylaws (if applicable).
5. Attach floor plan including size and arrangement of rooms, windows and exits, and designated use. Describe the type of construction.
6. Detailed directions to the center, if in a rural location.
7. Approval of well water/sewage disposal system (if applicable).
8. Documentation the building meets legal requirements of the community.
9. Organizational Chart .
10. A written proposal detailing: the services offered; staff number and qualifications for the various staff positions equipment and supplies maintained at the center; admission and discharge criteria; criteria for transfer to the hospital with which the center has an agreement; outline of prenatal education curriculum completed by professional staff and prenatal education plan; plan for care of newborn; hospital service agreement; ambulance service agreement; agreements with a pediatrician and an obstetrician or a group of such practitioners for emergency service; and the establishment of a community advisory board.